



## STATE OF NEW HAMPSHIRE

### Lobbyists Report of Political Contributions

### Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) ROBERT J. SCOLLEY

L E II. Name of lobbyist's partnership, firm or corporation, if any:

A S N.H. MOTOR TRANSPORT ASSOCIATION  
E (Name of partnership, firm or corporation)

P III. Name of Client NH MOTOR TRANSPORT ASOCN Date 4-24-17

R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the

T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: FELTES DAN -  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: BELINNESSY MARINA -  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: COMMITTEE TO ELECT HARRY ROBERTS  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1,000.00 Office Candidate is Seeking \_\_\_\_\_

**RECEIVED**

(turn over to continue → )

APR 25 2017

NEW HAMPSHIRE  
DEPARTMENT OF STATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

4-24-17  
(Date)

ROBERT J. SCULLEY  
(Print Name of lobbyist)



## STATE OF NEW HAMPSHIRE

### Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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L E II. Name of lobbyist's partnership, firm or corporation, if any:

A S N. H. MOTOR TRANSPORT ASSOCIATION  
E (Name of partnership, firm or corporation)

P III. Name of Client NATIONAL TRANSPORT ASSN Date 4-24-17

R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the

T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: HASKY BETTY  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: WATKINS DAVID  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: WARD, JR. JEFF  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

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DEPARTMENT OF STATE

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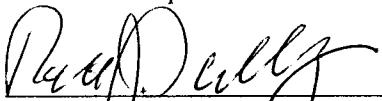
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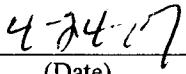
(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

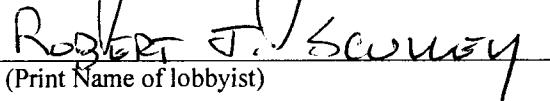
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)



(Date)



(Print Name of lobbyist)



## STATE OF NEW HAMPSHIRE

### Lobbyists Report of Political Contributions

### Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) ROBERT J. SCULLEY

L

E II. Name of lobbyist's partnership, firm or corporation, if any:

A S N.H. MOTOR TRANSPORT ASSOCIATION  
(Name of partnership, firm or corporation)

P III. Name of Client N.H. MOTOR TRANSPORT ASSN Date 4-24-17

R

I Political Contributions

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T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: AVAIL KEVIL  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: BUDSILL REGINA  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: EVANS WILLIAM  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

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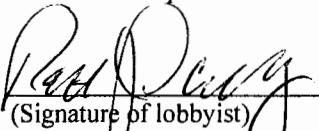
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**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

4-14-17  
(Date)

Robert T. Scowley  
(Print Name of lobbyist)



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L E II. Name of lobbyist's partnership, firm or corporation, if any:

A S NH MOTOR TRANSPORT ASSOCIATION  
E (Name of partnership, firm or corporation)

P III. Name of Client NH MOTOR TRANSPORT ASSOC. Date 1-24-17

R

I Political Contributions

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T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: INNIS DAN  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: LELAND REED  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

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APR 25 2017

NEW HAMPSHIRE  
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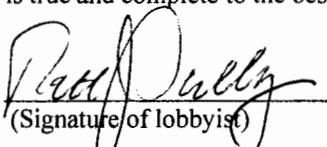
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**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

4-24-17  
(Date)

ROBERT J. SCULLEY  
(Print Name of lobbyist)